Attachment 2F: Telephone administered Screener

OMB No.: 0925-0645
Expiration Date: 12/31/2014

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by telephone and mail to complete this instrument so that we can learn more about informed consent and perspective taking.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 [illegible]

I'm calling in response to your message about the study advertised [in the newspaper/ on craigslist]. I'd like to ask you a few questions to determine whether you are eligible to participate in this research. First, let me give you a bit of information about the research, which involves perspective taking and pretesting a consent form. You will receive $50 for participating in the study, which will take approximately one hour. Participation is entirely voluntary and you may refuse to complete the research at any time, even after you've agreed to participate.

Are you still interested in taking part in the study? [No, say thank you and terminate; Yes, go on]

Participation will involve using a computer. Are you comfortable using a computer? [No, say thank you and terminate; Yes, go on]

Ok, now I have a more few questions:

Can you read a computer screen without difficulty (with your contacts or eyeglasses on, if applicable?) [No, say thank you and terminate; Yes, go on]

Do you use a screen reader, screen magnifier, or other assistive technology to use the computer? [Yes, say thank you and terminate; No, go on]

Do you have cataracts? [Yes, say thank you and terminate; No, go on]

Do you have any eye implants? [Yes, say thank you and terminate; No, go on]

Do you have Glaucoma? [Yes, say thank you and terminate; No, go on]

Are either of your pupils permanently dilated? [Yes, say thank you and terminate; No, go on]

Do you have a history of epilepsy, seizures, or a sensitivity to flashing lights? [Yes, say thank you and terminate; No, go on]

Do you wear trifocal contact lenses? [Yes, say thank you and terminate; No, go on]

Are you currently being treated for cancer? [Yes, say thank you and terminate; No, go on]

Have you ever been in a medical clinical trial? [Yes, say thank you and terminate; No, go on]

What is your age?

What is your sex?
- Male
- Female

What is your ethnicity? (Choose one)
- Not Hispanic or Latino
- Hispanic or Latino

What is your race? (Choose one or more)
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

What is your contact information?

Are you available for a 1 hour interview on [DATE/TIME] at {LOCATION]?